

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-22180		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.			
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY			LEBANON			DATE OF CRASH: 12-8-16		DAY	FRI		TIME: MILITARY 1525		
CRASH OCCURRED ON 1530 WALMART DR					WITHIN THE INTERSECTION OF										
IF NOT IN INTERSECTION					(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)							CITY CODE 8321			
LOG-1		LOG-2		LOC		JUR		FH9		FIL					
A	UNIT NO. 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) HOOPER, RICHARD KEITH					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 114 BRIDGEWATER DR. S. LEBANON, OH 45065										
PHONE NO. 513-593-4353		BIRTH DATE 9/17/85		AGE 31	SEX M	SOCIAL SECURITY NO.			STATE OH	DRIVER'S LICENSE NO. UJ233337		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME) Same					ADDRESS								PHONE		
VEH YR	2016	MAKE	ACURA	MODEL	RDX	COLOR	BLK	STYLE	SW	STATE	OH	LICENSE PLATE NO. 293YRB	TOWING SERVICE	VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8	UNIT NO. 2	NO OF OCCUPANTS		OPERATING <input type="checkbox"/>		PARKED <input checked="" type="checkbox"/>		DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) TENCH, CYNTHIA					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4120 MANCHESTER, FRANKLIN, OH 513-378-1362										
PHONE NO.		BIRTHDATE		AGE	SEX	SOCIAL SECURITY NO.			STATE	DRIVER'S LICENSE NO.		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME)					ADDRESS								PHONE		
VEH YR	2014	MAKE	DODGE	MODEL	JOURNEY	COLOR	BLUE	STYLE	3D	STATE	OH	LICENSE PLATE NO. GOL4030	TOWING SERVICE	VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE		AGE	POSITION			INJURIES				
		ADDRESS			PHONE		SEX	A B C D E F			A B C D E F				
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE		AGE	1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED							
		ADDRESS			PHONE		SEX	CONDITION			A B C D E F				
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE		AGE	1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN							
		ADDRESS			PHONE		SEX	RESTRAINTS			ALCOHOL				
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE		AGE	1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			A B C D E F				
		ADDRESS			PHONE		SEX	EJECTION			DRUGS				
		INJURED TAKEN TO By							1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			A TESTED 0 TESTED 1 YES YES NO NO			
		INJURED TAKEN TO By										1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
		OFFENSE CHARGED AND DESCRIPTION										1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			
		OFFENSE CHARGED AND DESCRIPTION													
RECEIVED CALL 1525		DISPATCHED 1528		ARRIVED 1545		CLEARED 1600		OTHER TIME		TOTAL MINUTES 6000 15					
DATE REPORT FILED 12/2/16		PHOTOS YES NO		OFFICER'S NAME S. DRAKE		BADGE NO. 118		CHECKED BY							